

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741425

1. Entity Name

FLORIDA CITRUS PROCESSORS FOR GOOD GOVERNMENT, I

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90030 004 ****61.25

Principal Place of Business

Mailing Address

490 THIRD STREET NW
P. O. BOX 2869
WINTER HAVEN FL 33881-3401

490 THIRD STREET NW
P. O. BOX 2869
WINTER HAVEN FL 33881-3401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1804878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RATH, LISA YOUNG
935 SOUTH OAK AVENUE
BARTOW FL 33830

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME D
STREET ADDRESS MOONEY, GENE
CITY-ST-ZIP 2020 UW HWY 17 SOUTH
BARTOW FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME ST
STREET ADDRESS BEASLEY, CLIFFORD C. JR.
CITY-ST-ZIP 490 THIRD STREET N.W.
WINTERHAVEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS NELSON JR., J.F.
CITY-ST-ZIP HIGHWAY 19
UMATILLA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS FERRARI, W J
CITY-ST-ZIP 1001 13TH AVE E
BRADENTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BECKER, R. WILLIAM
CITY-ST-ZIP 4104 N.W. HIGHWAY 72
FT PIERCE FL 34979

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ST
STREET ADDRESS RATH, LISA YOUNG
CITY-ST-ZIP 935 SOUTH OAK AVE
BARTOW FL 33830

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00

CR2E037 (9/99)